Florida Department of State

Division of Corporations

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Account Name : UNITED AGENT GROUP INC.

Account Number : 120160000086 Phone : (561)508-5033 : (561)694-1639 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE DUNWOODY OPERATIONS, LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. N	ame of the limited liability company:	DPERAT.	IONS, LLC	· .		
2. (a)	THREE RAVINIA DRIVE, SUITE 100		(b) THREE RA	TE 100		
-, (ш)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Note: MAY BE POST	-	
	ATLANTA, GA 30346	_	ATLANTA	A, GA 30346		
	01/02/2019		M190000000	065		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	CORPORATION SERVICE COMPANY					•
). (α)	Registered Agent and Registered Office shown on the records o	f the Flori	da Dept, of State	. ::		
	1201 HAYS STREET		<u></u>	_		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				202	
				-	2020 DEC	المرائد،
	TALLAHASSEE	32301			- 3:	•
	, '		·····	-	$\dot{\sim}$	
(b)	United Agent Group Inc.			_		. 0 }
	Enter name of NEW Registered Agent and/or NEW Registered	d Office	address:		, <u>ö</u>	*****
	801 US Highway 1				÷ω	
	NEW Registered Office Address:			_		
	North Palm Beach	Ն		-		
				_		
chang agent was/w	limited liability company is not organized under the life or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ie registe liability of the li e limited	ered office and company, it is mited liability I liability com	n the business offices s hereby confirmed they company or as other	nat the chai	nge(s)
Signi	ature of a member of authorized representative of a member	_		Printed or typed name o	f signee	
I here provis the obtoning to men	eby accept the appointment as registered agent and as tions of all statutes relative to the proper and complete of the property reflect a change in the registered office address, and in writing of this change.	gree to a le perfori led for ir I her e by	ct in this cape mance of my o Chapter 605 confirm that i	acity. I further agree duties, and I am fami , F.S. Or, if this doc the limited liability c	to comply liar with a ument is b ompany ha	with the nd accep eing filed is been